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FROM: Daniel M. Scolnick, Ph.D.

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FILE NAME: MTGY0001-101

DATE: March 9, 2005

FILE #: 147063

RECIPIENT(S)	PHONE	FAX
U.S. PATENT AND TRADEMARK OFFICE GAU 1648 Examiner Myron G. Hill	571.272.0901	703.872.9306

MESSAGE: OFFICIAL FAX!

Serial No.: 10/752,791 - Filing Date: January 7, 2004

Attachments: Transmittal form (1 sheet)
Fee Transmittal form (1 sheet) (no fee)
Response to Restriction Requirement (6 pages)

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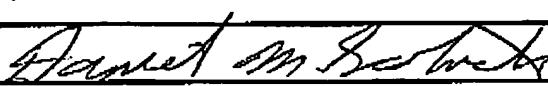
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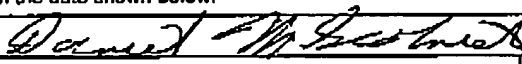
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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/752,791
	Filing Date	January 7, 2004
	First Named Inventor	Paul Q. Anziano
	Art Unit	1648
	Examiner Name	Myron G. Hill
Total Number of Pages in This Submission	Attorney Docket Number	MTGY0001-101

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Official Facsimile Cover Sheet
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm	Cozen O'Connor		
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Printed Name	Daniel M. Scolnick, Ph.D.		
Date	March 9, 2005	Reg. No.	52,201

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Typed or printed name	Daniel M. Scolnick, Ph.D.	Date	March 9, 2005

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Effective on 12/08/2004,
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL for FY 2005

☒ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 0

Complete If Known

Application Number 10/752,701
Filing Date January 7, 2004
First Named Inventor Paul Q. Anziano
Examiner Name Myron G. Hill
Art Unit 1648
Attorney Docket No. MTGY0001-101

METHOD OF PAYMENT (check all that apply)

- ☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify) : _____
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FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	—
Design	200	100	100	50	130	65	—
Plant	200	100	300	150	160	80	—
Reissue	300	150	500	250	600	300	—
Provisional	200	100	0	0	0	0	—

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Fee (\$)			
Each claim over 20 (including Reissues)	50	25			
Each independent claim over 3 (including Reissues)	200	100			
Multiple dependent claims	360	180			
Total Claims	Extra Claims	Fee(\$)	Fee Paid (\$)	Multiple Dependent Claims	
<u>25</u>	<u>-46 or HP= 0</u>	x	<u> </u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
HP = highest number of total claims paid for, if greater than 20.					
Indep. Claims	Extra Claims	Fee(\$)	Fee Paid (\$)		
<u>2</u>	<u>- 3 or HP= 0</u>	x	<u> </u>		
HP = highest number of independent claims paid for, if greater than 3.					

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$)

— - 100 = — / 50 = — (round up to a whole number) x = —

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge) : —

SUBMITTED BY

Signature	<i>Daniel M. Scotrick</i>	Registration No. (Attorney/Agent)	52,201	Telephone	215.665.6928
Name (Print/Type)	Daniel M. Scotrick, Ph.D.	Date	March 9, 2005		

This collection of information is required by 37 CFR 1.135. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1460, Alexandria, VA 22313-1460.

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MTGY0001-101

~~PATENT~~

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Inventors: Paul Anziano

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Serial No.: 10/752,791

Group Art Unit: 1648

MAR 09 2005

Filed: January 7, 2004

Examiner: Myron G. Hill

Title: MANGANESE SUPEROXIDE DISMUTASE EXON 3-DELETED ISOFORMS
AND NUCLEIC ACID MOLECULES ENCODING THE ISOFORMS

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Dear Sir:

RESPONSE TO RESTRICTION REQUIREMENT

This paper is filed in response to the Restriction Requirement mailed February 9, 2005
in connection with the above-identified patent application. Please amend the application as
follows:

Amendments to the claims begin on page 2 of this paper.

Remarks begin on page 4 of this paper.